Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD ~ 015-7266

				STATE DEPARTM	ENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)					HAULER OF WASTE (Must be filled by hauler) 999000218
Name (PRINT OR TYPE) Pick up Address: (NUMBER) (STREET) (CITY)					ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number: () P.O. or Contract No.:					Pick Up: Time: 11pm
Order Placed By:					State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petrology) refining)					Job No.: No. of Loads or Trips: Unit No. Vehicle: [] Wacuum truck harrels, [] flathed, [] other
DESCRIPTION OF WASTE (Must be filled by producer)					The described waste was hauled by me to the disposal facility named below and was accepted.
Check Type of wastes:					I certify (or declare) under penalty of perjury
1. [] Acid solution 6. [] Tetraethyl lead sludge 11. Contaminated soil and sand					that the foregoing is true and correct SIGNATURE OF AUTHORIZED AGENT AND TITLE
2. [7] Alkaline solution					DISPOSER OF WASTE (Must be filled by disposer)
3. Desticides					H
4 Paint sludge	9. [] Oil		14. [J*Mud and	water	Name (print or type): Off D. P. 110: 1 A. S. CODE NO.
5. [] Solvent	5. [.] Solvent 10. [.] Drilling mud 15. [.] Brine				Site Address: Man Titley I Pari
Components:					The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Compinents: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list),					local restrictions. Quantity measured at site (if applicable):State fee (if any):
					Handling Method(s):
<u></u>					recovery
2					
3					(EXAMPLES: INCINERATION, NEWTRALIZATION, PRECIPITATION) CODE NO.
4.1					disposel (specify): pond spreading landfill injection well
6					CODE NO.
J .				거 거	If waste is held for disposal elsewhere specify final location:
6.					Disposal Date:
Hazardous Properties of Waste: pH none toxic flammable corrosive explosive					I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume:	🔲 gal	☐ tons	Carrels ☐ (42 gal.)	other [SPECIFY]	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (NUMBER)	🛘 drums	cartons	□ bags □	other(specify)	77
Physical State:	solid	Diquid	~ <i>!</i>	other [SPECIFY]	
Special Handling Instructions (if any):					K001150
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).					
I certify (or declare) under penalty of perjury that the foregoing is true and correct.				•	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
		SIGNAT	URE OF AUTHORIZED	GENT AND TITLE	D.O.T. Proper Shipping Name